

PROJECT DISCOVERY MEDICAL RELEASE FORM
All Information is Strictly Confidential

Name of participant: _____

Name of Parent/Guardian: _____

Medical Information:

Does your child have any of the illnesses, diseases, or conditions?

Diabetes type 1 _____ Diabetes type 2 _____ Asthma _____ Epilepsy _____
Sickle Cell Anemia _____ Heart disease _____ HIV _____ AIDS _____
Depression _____ Attention Deficit _____ Hyperactivity Disorder _____ Other:
Please specify _____

Is your child taking any medication for any of the above conditions? If so, please list them: _____

_____, _____

Is your child allergic to any known medication? If so, please list them:

In case of emergency, does Project Discovery have your permission to take your child to a hospital or medical facility to receive treatment? ____ Yes ____ No

Please provide insurance information: Name, Address, Policy Number and other relevant information regarding your insurance company.

Incase of emergency, list person to notify:

Name: _____

Address: _____

Phone: Day _____ evening _____

Cell _____

Parent Signature: _____ date _____